

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10803231</i>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		3		3			54	
5		3		3			55	
6	1		1				56	
7	1		1				57	
8	1		1				58	
9	1		1				59	
10	1		1				60	
11		1		1			61	
12		1		6			62	
13	6		6				63	
14	3		3				64	
15	6		6				65	
16	3		3				66	
17	3		3				67	
18	6		6				68	
19	6		6				69	
20							70	
21							71	
22							72	
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24							74	
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28							78	
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37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	13		3				TOTAL IND.	
TOTAL DEP.	51	→	51	→			TOTAL DEP.	→
TOTAL CLAIMS	54	54	54	54			TOTAL CLAIMS	54

BEST AVAILABLE COPY